

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90315 020 \*\*\*150.00

**DOCUMENT #** 831700  
**1. Entity Name**  
 HSBC Securities (USA) Inc.

**Principal Place of Business**  
 140 Broadway  
 10th Floor  
 New York, New York 10005

**Mailing Address**  
 140 Broadway  
 10th Floor  
 New York, New York 10005

**2. Principal Place of Business**  
 140 Broadway

**3. Mailing Address**  
 140 Broadway

Suite, Apt. #, etc.  
 10th Floor

Suite, Apt. #, etc.  
 10th Floor

City & State  
 New York, New York

City & State  
 New York, New York

Zip  
 10005

Country  
 US

Zip  
 10005

Country  
 US

**4. FEI Number**  
 13-2650272

Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, Fl 33324

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9.** This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10.** Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|  |                                 |  |  |
|--|---------------------------------|--|--|
| TITLE <b>P</b>                                 | <input type="checkbox"/> Delete | TITLE <b>P</b>                                 | <input type="checkbox"/> Delete            |
| NAME<br><b>Anthony F. Rademeyer</b>            |                                 | NAME<br><b>John R. Moran</b>                   | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br><b>140 Broadway</b>          |                                 | STREET ADDRESS<br><b>140 Broadway</b>          |  |
| CITY-ST-ZIP<br><b>New York, New York 10005</b> |                                 | CITY-ST-ZIP<br><b>New York, New York 10005</b> |  |
| TITLE <b>D</b>                                 | <input type="checkbox"/> Delete | TITLE <b>D</b>                                 | <input type="checkbox"/> Delete            |
| NAME<br><b>Jeffrey D. Haroldson</b>            |                                 | NAME<br><b>Jeffrey T. Letzler</b>              | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br><b>140 Broadway</b>          |                                 | STREET ADDRESS<br><b>140 Broadway</b>          |  |
| CITY-ST-ZIP<br><b>New York, New York 10005</b> |                                 | CITY-ST-ZIP<br><b>New York, New York 10005</b> |  |
| TITLE <b>S</b>                                 | <input type="checkbox"/> Delete | TITLE <b>S</b>                                 | <input type="checkbox"/> Delete            |
| NAME<br><b>Gail A. Burlant</b>                 |                                 | NAME<br><b>Gail A. Burlant</b>                 |  |
| STREET ADDRESS<br><b>140 Broadway</b>          |                                 | STREET ADDRESS<br><b>140 Broadway</b>          |  |
| CITY-ST-ZIP<br><b>New York, New York 10005</b> |                                 | CITY-ST-ZIP<br><b>New York, New York 10005</b> |  |
| TITLE  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Delete            |
| NAME   |                                 | NAME   |  |
| STREET ADDRESS                                 |                                 | STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |                                 | CITY-ST-ZIP                                    |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>Steven N. Lombardo</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>140 Broadway</b>          |  |
| CITY-ST-ZIP<br><b>New York, New York 10005</b> |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>Angelo R. LoMascolo</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>140 Broadway</b>          |  |
| CITY-ST-ZIP<br><b>New York, New York 10005</b> |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |

**13.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Gail A. Burlant** **4/26/2000** **(212) 658-7199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (999)